Functioning of Rural Health Care Centres

366. SHRIMATIVANGAGEETHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Rural Health Care Centres are not functioning upto the satisfaction;

(b) if so, the reasons therefor; and

(c) how Government propose to improve their functioning?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Primary Health Centres in rural areas are functioning satisfactorily in most of the southern states. However, some deficiencies in.the optimal functioning of rural health care centre have been noticed in several states. This leads to inequities in access, particularly for people living in remote, hilly, tribal and other difficult areas. This is caused additionally due to non-availability of adequate essential staff.

(c) Primary Health Centres in rural areas are set up as well as managed by the respective State Governments. Accordingly states are now facilitated to make appointments on contract in order to improve the functioning of these rural health centres. Additionally Central Government is taking steps to help State Governments improve the functioning of these Centres, m innumerable ways.

(i) Under the State Health Systems Project, Community Health Centres and Dsitrict Hospitals are being upgraded and better equipped to provide quality health services to people in rural and backward areas.

(ii) Under the Pradhan Mantri Gramodaya Yojana, specific funds have been released towards repair and renovation of the public health infrastructure, purchasing of drugs and for essential consumables, and contingencies etc., all of which will improve quality of care.

(iii) Area Development Projects are also being implemented with financial assistance from external agencies for strengthening of health and family welfare infrastructure. One of the main activities of Area Projects includes construction of buildings for sub-centres, primary health centres and community health centres.

(iv) Under the Reproductive and Child Health Programme, the following steps are being taken to strengthen the primary health care institutions:

> Provision of equipments/medicines/vacines for Health and Family Welfare Programmes.

> Major Civil Works for repair/construction of OT/Labour Room/ upgrading of water & electric supply.

> Financial assistance for contractual/appointments/hiring of Anaesthetics/Gyaeocologists/Safe Motherhood Consultants/Staff Nurses/Lab Technician/Additional ANMs etc.

> Skill based in service training for capacity building of ANMs and other health functionaries.

(v) Efforts are also being made to increase the outreach of health care services through Swasthya Melas and Reproductive and Child Health Camps etc.

Incentives to states achieving the targets under population control programme

†367. SHRI KR1PAL PARMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pelased to state:

(a) the details of the States which are achieving targets set under Population Control Programme sponsored by Government;

(b) whether any assistance or incentive is exchanged to these States for achieving the targets; and

(c) if so, the details of the assistance extended to these States during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) There has been a paradigm shift in the Family Welfare Programme under which fixing of targets has been abandoned. Instead the 'Target Free Approach (TFA)' was adopted since 1st April 1996 all over India and the system of decentralized participatory planning is brought in place. TFA has been renamed as Community Needs Assessment Approach (CNAA) from 1997. Under the new approach *i.e.* CNAA attention is being paid towards providing quality of care in aspect of basic and essential family welfare services. This serves to shift the emphasis from quantitative or numerical targets in the achievement of family planning acceptance to the

†Original notice of the question was received in Hindi.